

**How can we improve care for the
highest need and
highest cost populations?**



**Camden Coalition of
Healthcare Providers**

Dartmouth Atlas

AL	25,344	IL	31,197	MT	25,056	RI	29,028
AK	31,957	IN	23,874	NE	25,838	SC	27,095
AZ	27,843	IA	23,746	NV	27,950	SD	24,072
AR	25,724	KS	25,740	NH	25,706	TN	26,464
CA	38,573	KY	25,012			TX	28,466
CO	25,888	LA	26,830	NM	24,616	UT	23,936
CT	32,636	ME	25,196	NY	38,369	VT	27,050
DE	28,450	MD	36,337	NC	25,829	VA	25,435
DC	39,637	MA	31,985	ND	23,855	WA	27,698
FL	29,604	MI	28,427	OH	25,005	WV	23,789
GA	26,267	MN	27,411	OK	25,227	WI	25,343
HI	33,518	MS	25,705	OR	25,509	WY	25,173
ID	23,697	MO	25,681	PA	28,487	US	29,199

#1

Inpatient and Part B spending per decedent during last 2 years of life

Source: Dartmouth Atlas of Healthcare. 2006.

More Specialty Care is Not Better Care

The New England Journal of Medicine

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VOLUME 347

JULY 11, 2002

NUMBER 2



A CONTROLLED TRIAL OF ARTHROSCOPIC SURGERY
FOR OSTEOARTHRITIS OF THE KNEE

- 180 patients randomized to sham arthroscopy vs real arthroscopy with no difference in outcomes
- 650,000 arthroscopies/year

More Specialty Care is Not Better Care

The image shows the front cover of The New England Journal of Medicine. The title is in red serif font, with 'The' in italics. Below the title, the date 'APRIL 12, 2007' is centered, and 'VOL. 356 NO. 15' is on the right. At the bottom, the study title is printed in black.

The NEW ENGLAND
JOURNAL *of* MEDICINE

ESTABLISHED IN 1812

APRIL 12, 2007

VOL. 356 NO. 15

Optimal Medical Therapy with or without PCI
for Stable Coronary Disease

- Study of 2,287 patients with CAD randomized to angioplasty or medication with no difference in outcomes
- 1,000,000/yr stents placed

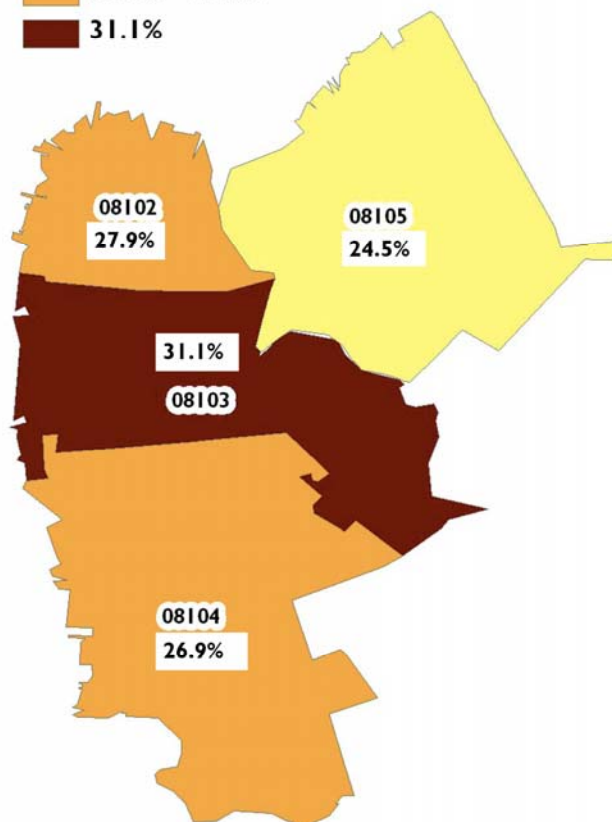
Camden Health Data

- New Data Set 2002 - 2008
- 450,000 records with 98,000 patients
- Leading utilizer came 324 visits/5yrs & 113 in one year
- Most expensive patient \$3.5 million
- Total revenue to hospitals for Camden residents \$460,000,000 + charity care
- 80% costs = 13% patients
- 90% costs = 20% patients

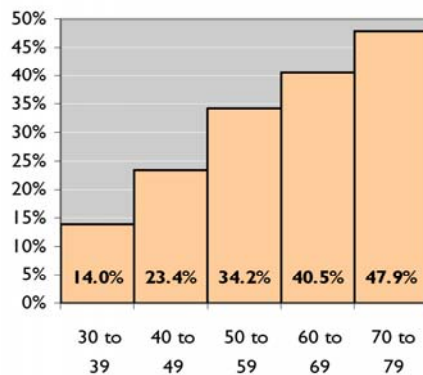
Top 10 ED Diagnosis 2002-2007 (317,791 visits)

465.9	ACUTE URI NOS	12,549
382.9	OTITIS MEDIA NOS	7,638
079.99	VIRAL INFECTION NOS	7,577
462	ACUTE PHARYNGITIS	6,195
493.92	ASTHMA NOS W/ EXACER	5,393
558.9	NONINF GASTROENTERIT NEC	5,037
789.09	ABDOMINAL PAIN-SITE NEC	4,773
780.6	FEVER	4,219
786.59	CHEST PAIN NEC	3,711
784.0	HEADACHE	3,248

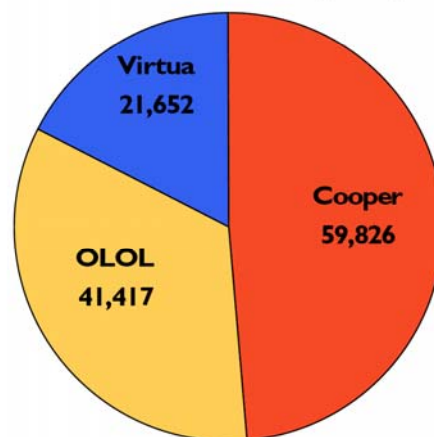
Percent of Population 30+ with Chronic Disease



Prevalence of Chronic Disease by Age



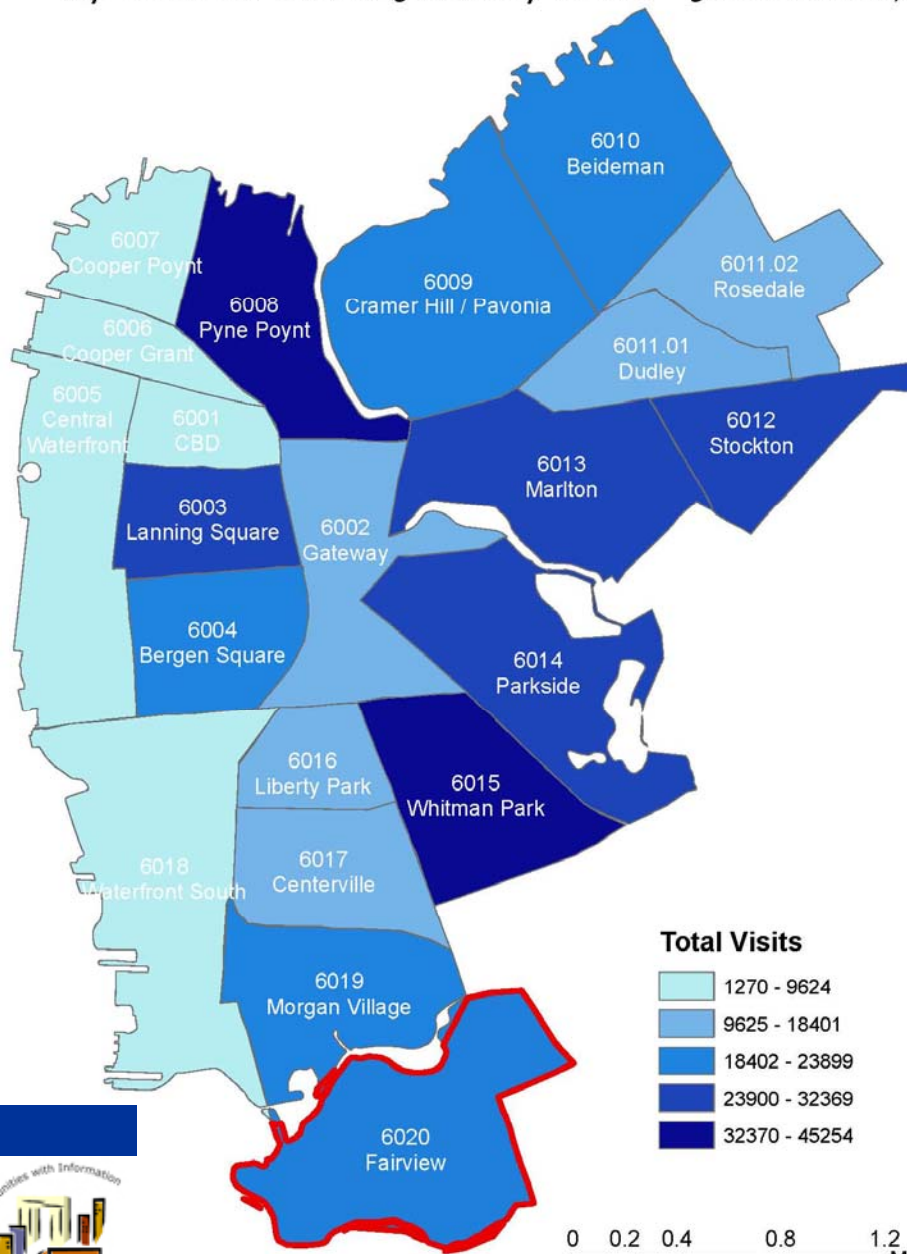
Chronic Disease Visits by Hospital



Number of Visits	Total Visits	Total Patients	Charges	Receipts
I to 10	54,207	12,612	\$1,042,444,520	\$145,106,010
11 to 20	35,958	2,521	\$528,530,965	\$71,784,792
Over 20	32,730	960	\$407,663,357	\$51,105,098
TOTAL	122,895	16,093	\$1,978,638,841	\$267,995,901

Chronic Illness In Camden 2002 - 2007

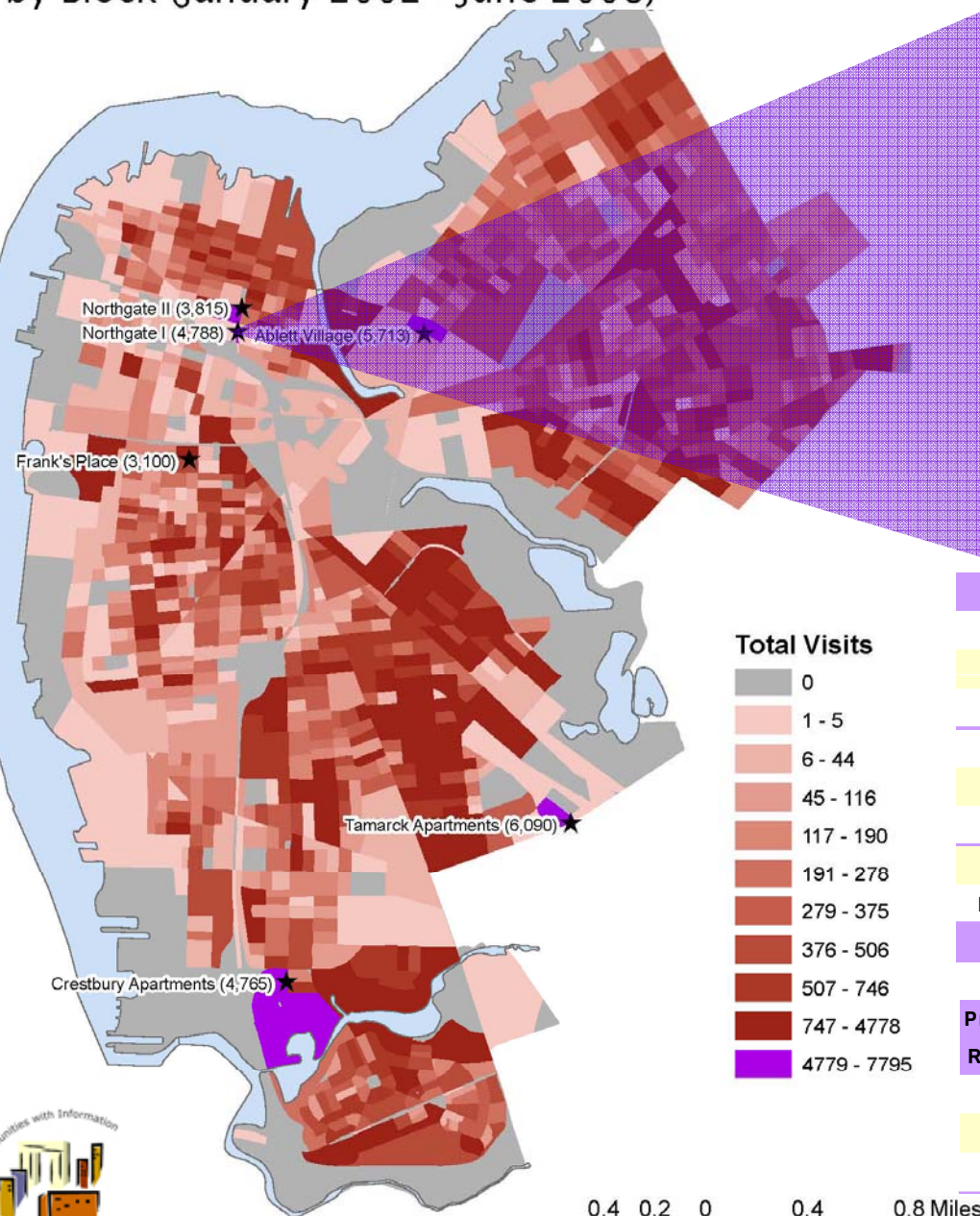
Hospital and Emergency Visits by Census Tract (January 2002 - June 2008)



Tract	Neighborhood	Census 2000 Population	Visits	Average Visits per Person
6005	Central Waterfront	962	8,181	8.5
6003	Lanning Square	3,989	32,369	8.1
6002	Gateway	2,439	18,401	7.5
6015	Whitman Park	6,424	45,254	7.0
6008	Pyne Poynt	5,756	37,091	6.4
6019	Morgan Village	3,443	22,028	6.4
6016	Liberty Park	2,378	14,738	6.2
6004	Bergen Square	3,880	23,829	6.1
6013	Marlton	5,049	29,805	5.9
6014	Parkside	4,790	26,749	5.6
6009	Cramer Hill / Pavonia	4,358	23,899	5.5
6020	Fairview	5,947	31,813	5.3
6017	Centerville	2,874	14,662	5.1
6018	Waterfront South	1,700	8,071	4.7
6011.01	Dudley	3,730	17,631	4.7
6012	Stockton	6,102	27,354	4.5
6010	Beideman	5,677	23,446	4.1
6007	Cooper Poynt	2,880	9,624	3.3
6011.02	Rosedale	4,954	14,898	3.0
6001	CBD	1,734	4,616	2.7
6006	Cooper Grant	838	1,270	1.5

Hospital and Emergency Visits

by Block (January 2002 - June 2008)



Northgate I public housing



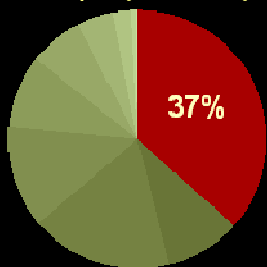
	Visits	Patients	Charges	Receipts	Collected
Cooper	3,172	749	\$42,144,097	\$4,994,658	12%
Lourdes	811	337	\$7,848,809	\$1,028,611	13%
Virtua	805	331	\$1,742,467	\$345,092	20%
2005	838	370	\$10,834,420	\$1,269,373	12%
2006	738	355	\$6,867,995	\$881,549	13%
2007	790	369	\$7,979,262	\$901,181	11%
ED	3882	978	\$6,150,592	\$864,019	14%
Inpatient	906	408	\$45,584,781	\$5,504,342	12%
Total	4,788	1,070	\$51,735,374	\$6,368,361	12%

Primary Diagnosis

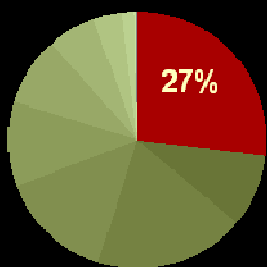
Rank	ED	Inpatient
1	abdominal pain (789.0)	live birth (V3X.0)
2	accute URI NOS (465.9)	chest pain (786.5)
3	chest pain (786.5)	congestive heart failure NOS (428.0)

High cost hot spots in Camden, NJ

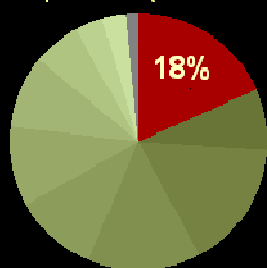
Receipts (in dollars)



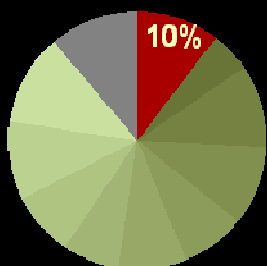
Visits



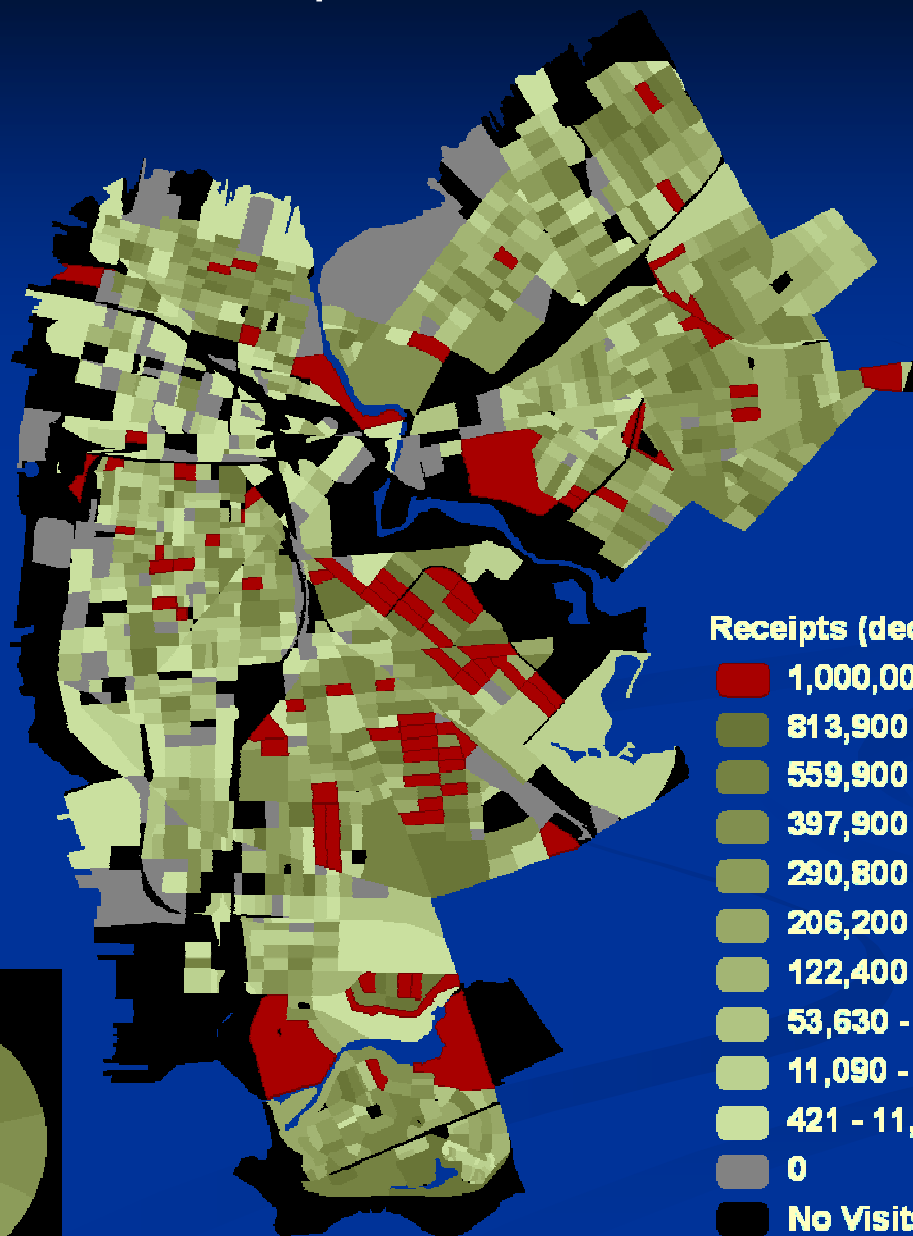
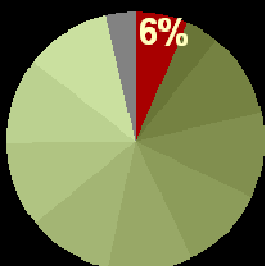
Population (estimated)



Area



Blocks



Graphs include only blocks with at least 1 visit and charges > \$0

High cost hot spots in Camden, NJ

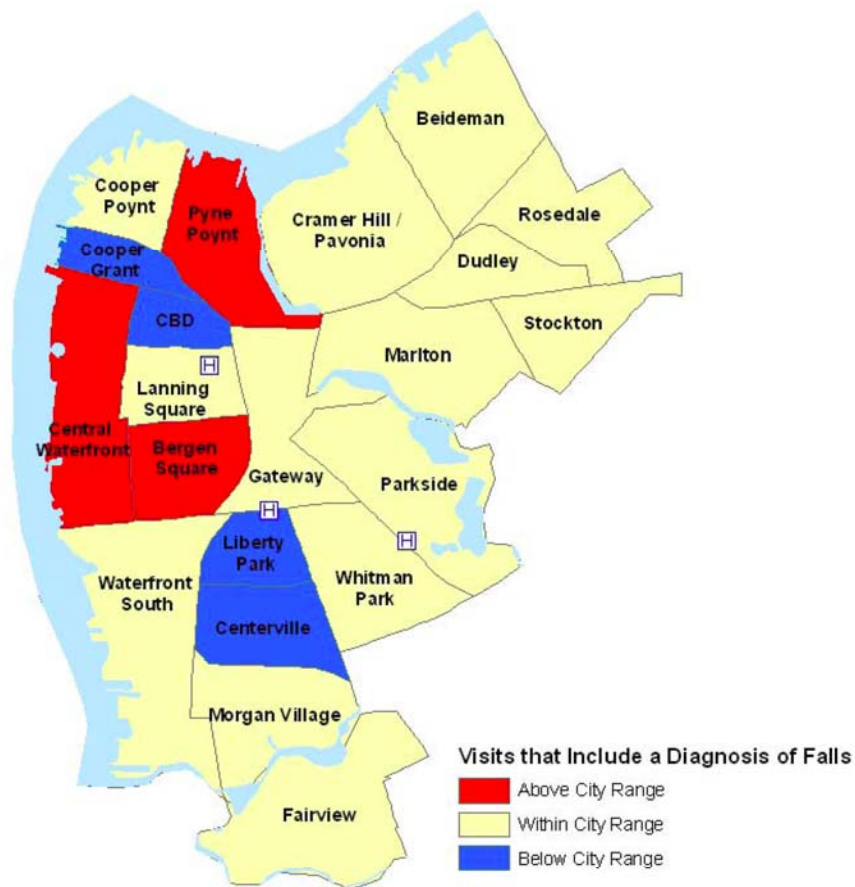


Northgate II Tower -
receipts: \$16,707,237
16% collection rate, 1,658 visits
\$62,252 per visit charge avg.



Abigale House Nursing Home - receipts: \$16,719,191
20% collection rate, 1,422 visits,
\$59,432 per visit charge

Camden Hospital and Emergency Room Health Data - 2003



Comparisons are based on rate per 100,000 population.

Source:
Camconnect
Camden
Health Report,
2006

Top 1% of Utilizers (2002-2007)

- 1,035 patients with 39,056 visits
- Between 24 and 324 visits
- Total charges \$375 million
- Total receipts \$46 million + charity care
- Enough \$\$ to fund 50 family physicians or 100 nurse practitioners



Actually
quitters do win.

**The non-smokers
around you are
waiting to inhale.**

NEW JERSEY
OUTLINE
1-866-NJ-STOP

E DIE'S
LIQUOR
COLD BEER
WINES
N.J. LOTTERY

97th
CHESTNUT

**NO
LOITERING**

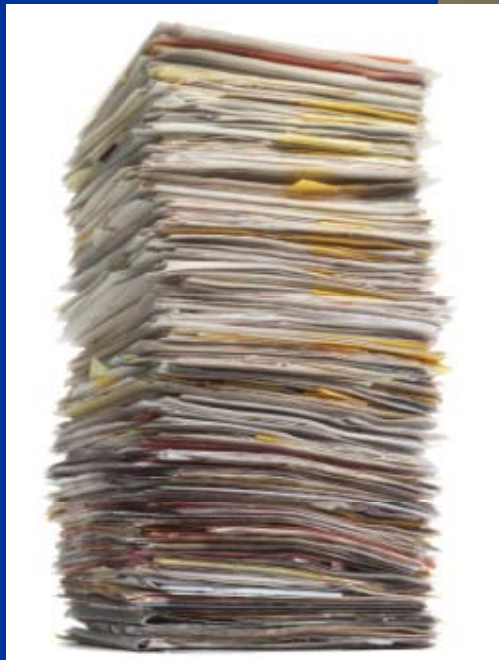
**NO
LOITERING**

**CHESTNUT
BAR**
PACKAGE GOODS
10/15

Budweiser
12 PACK
CANS
1174

**24
7oz
Bottle**
99

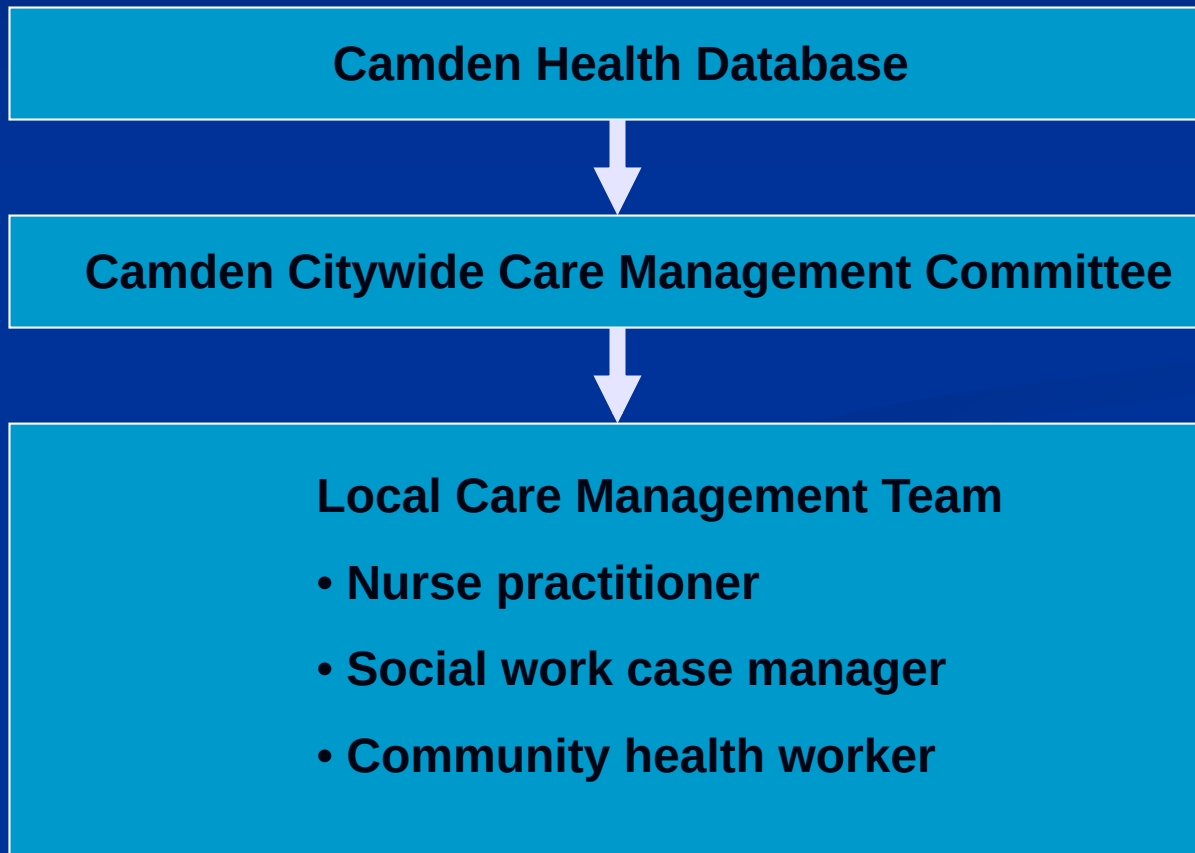




Overview of the Coalition

- 20 member board, incorporated non-profit
- Foundation and hospital support
- \$2.5 million in grant funding
- \$1.5 million in hospital funding
- Projects-
 - Camden Health Database
 - Citywide Care Management Project
 - Camden Diabetes Collaborative
 - Camden Health Information Exchange

Citywide Care Management System



Case Management- Experience Thus Far

Over 5 year period:

- Most expensive patient
 - \$4,973,811 charges
 - \$661,155 receipts
- Visits 1,663 with average 38.67 visits/patient
- 37% visits are inpatient
- Total 43 patients
 - \$25,598,615 charges
 - \$2,995,080 receipts

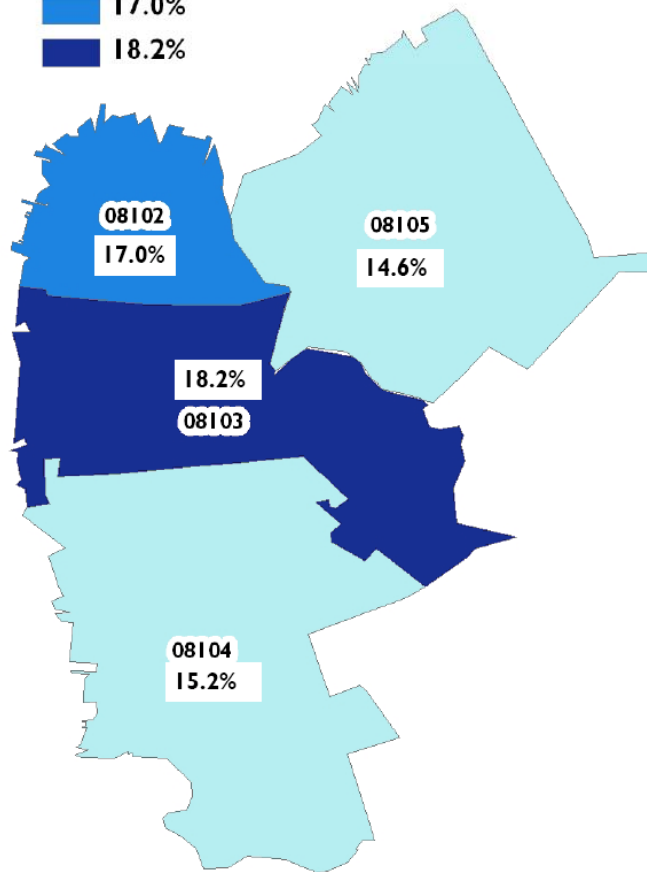
Preliminary Results

<u>Charges per month</u>					
<u>n</u>	<u>Ratio of Before to After</u>	<u>Before</u>	<u>After</u>	<u>Absolute Change</u>	<u>Percent Change</u>
36	1:1	\$1,218,009.69	\$531,202.91	-\$686,806.78	-56.39%
<u>Receipts per month</u>					
<u>n</u>	<u>Ratio of Before to After</u>	<u>Before</u>	<u>After</u>	<u>Absolute Change</u>	<u>Percent Change</u>
36	1:1	\$83,992.29	\$55,641.94	-\$28,350.35	-33.75%
<u>Visits per month</u>					
<u>n</u>	<u>Ratio of Before to After</u>	<u>Before</u>	<u>After</u>	<u>Absolute Change</u>	<u>Percent Change</u>
36	1:1	61.595	37.212	-24.383	-39.59%
<u>Percent Reimbursement per month</u>					
<u>n</u>	<u>Ratio of Before to After</u>	<u>Before</u>	<u>After</u>	<u>Absolute Change</u>	<u>Percent Change</u>
36	1:1	6.90%	10.47%	3.58%	51.90%

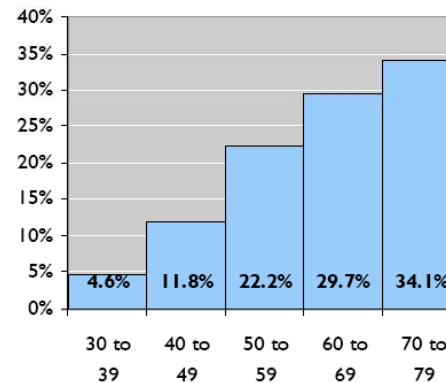
Camden Diabetes Collaborative

1. Transform primary care at 10 local offices
(Patient Centered Medical Home using
Chronic Care Model)
2. Improve access to diabetic education
3. Care coordination with Medical Day
Programs
4. Targeted care of the high cost/high needs
DM patients

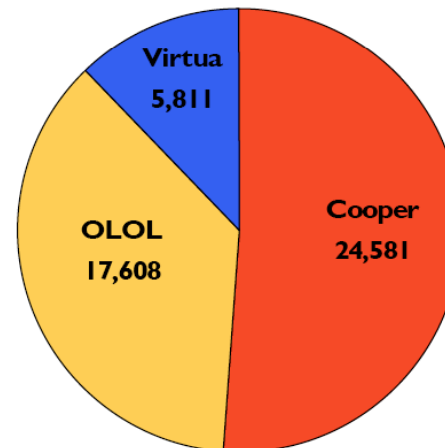
Percent of Population 30+ with Diabetes



Prevalence of Diabetes by Age



Diabetes Visits by Hospital

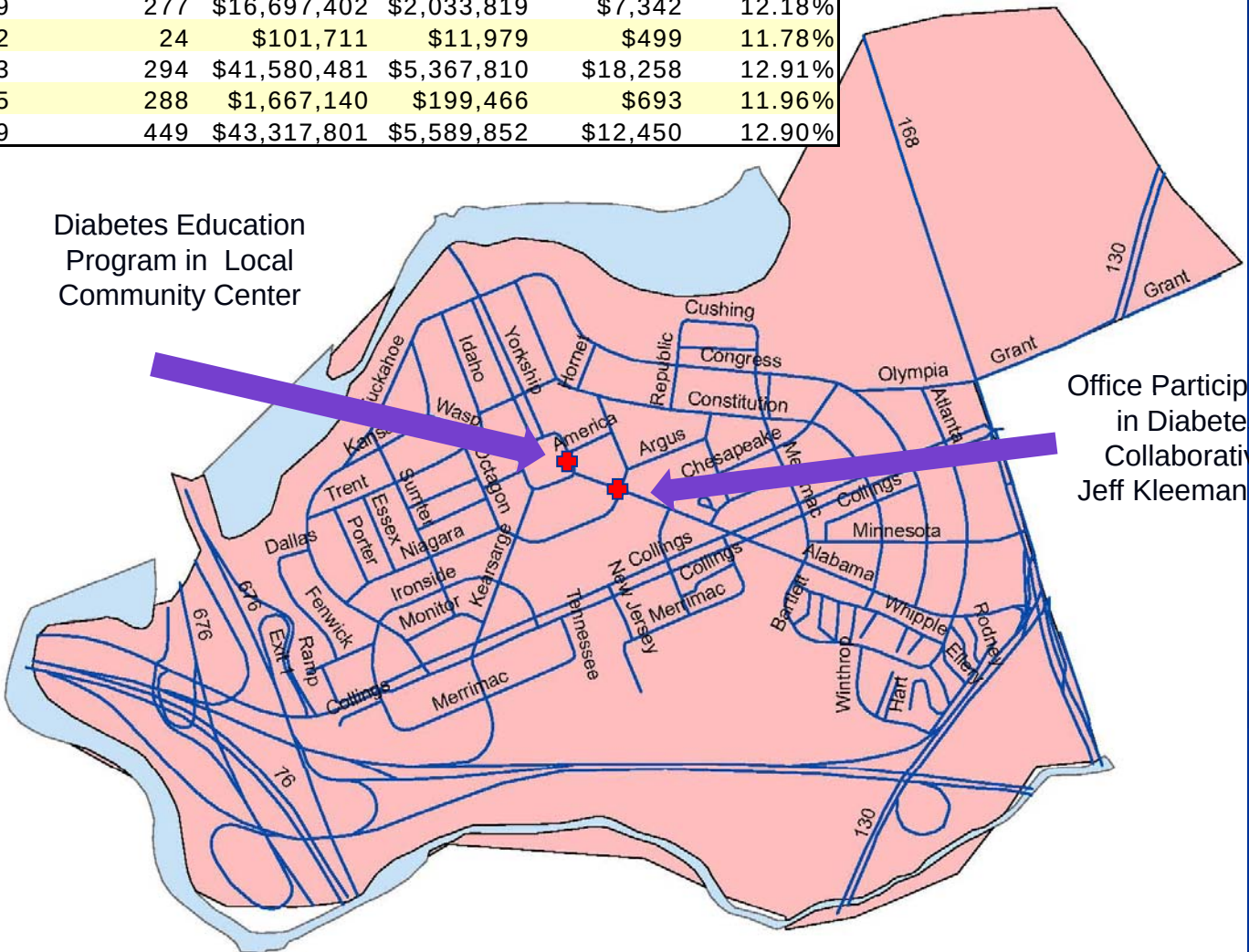


Number of Visits	Total Visits	Total Patients	Charges	Receipts
I to 10	19,930	4,992	\$606,910,340	\$84,943,020
11 to 20	12,475	875	\$328,629,988	\$43,928,131
Over 20	15,595	428	\$278,015,450	\$34,729,624
TOTAL	48,000	6,295	\$1,213,555,777	\$163,600,775

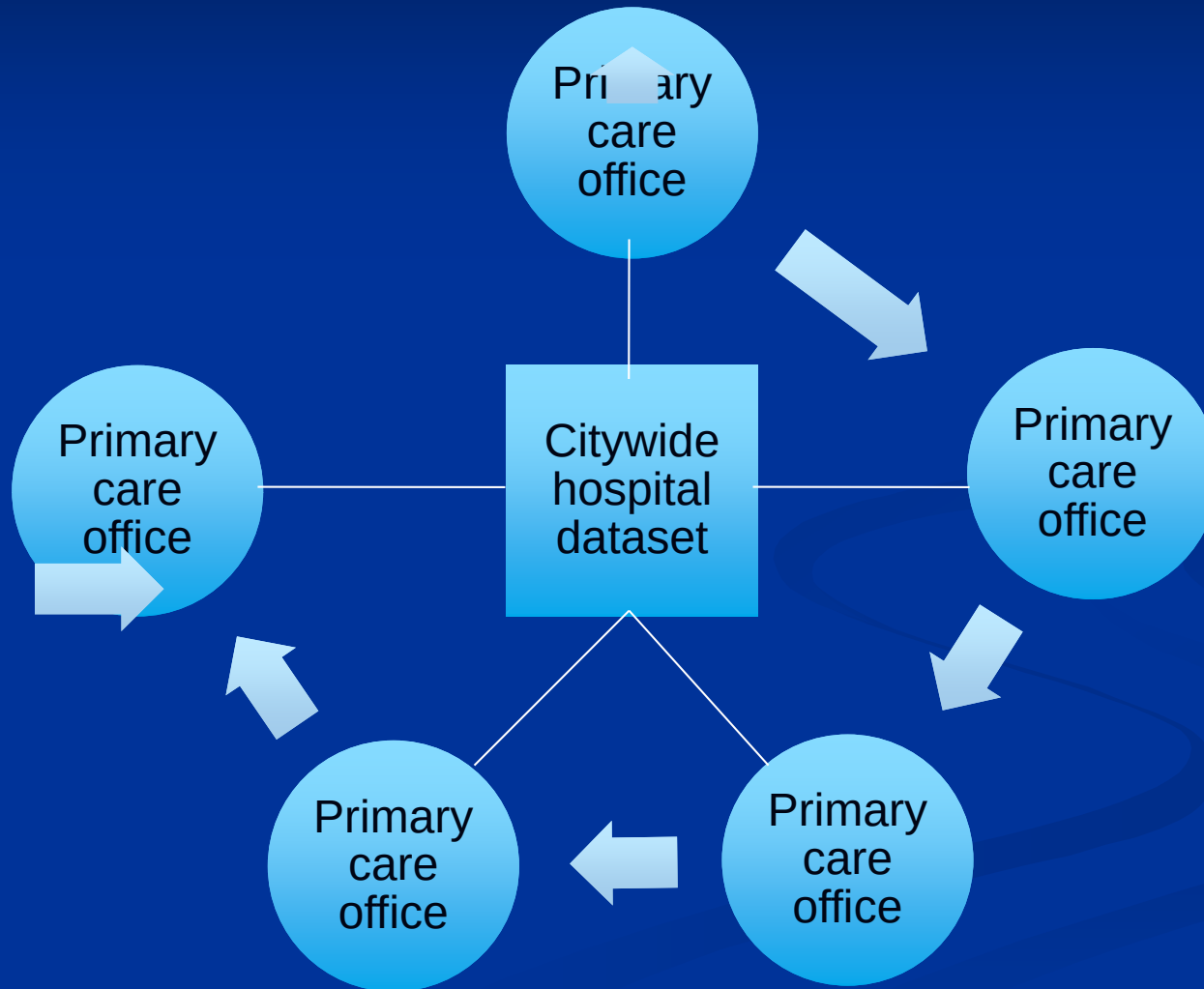
Diabetes In Camden 2002 - 2007

Fairview Neighborhood Analysis for Diabetes Collaborative

Hospital Visits for Diabetes by Fairview Residents					Receipts per Patient		
by year		Visits	Patients	Charges	Receipts		Collections
	2005	203	115	\$4,832,435	\$677,863	\$5,894	14.03%
	2006	246	126	\$9,678,565	\$1,142,730	\$9,069	11.81%
	2007	329	156	\$10,005,427	\$1,033,585	\$6,626	10.33%
	Cooper	648	217	\$26,518,688	\$3,544,053	\$16,332	13.36%
1 / 1 / 2002 to 6 / 30 / 2008	Lourdes	779	277	\$16,697,402	\$2,033,819	\$7,342	12.18%
	Virtua	32	24	\$101,711	\$11,979	\$499	11.78%
	Inpatient	743	294	\$41,580,481	\$5,367,810	\$18,258	12.91%
	Emergency	715	288	\$1,667,140	\$199,466	\$693	11.96%
	Total	1,459	449	\$43,317,801	\$5,589,852	\$12,450	12.90%



Linking Claims Data Citywide



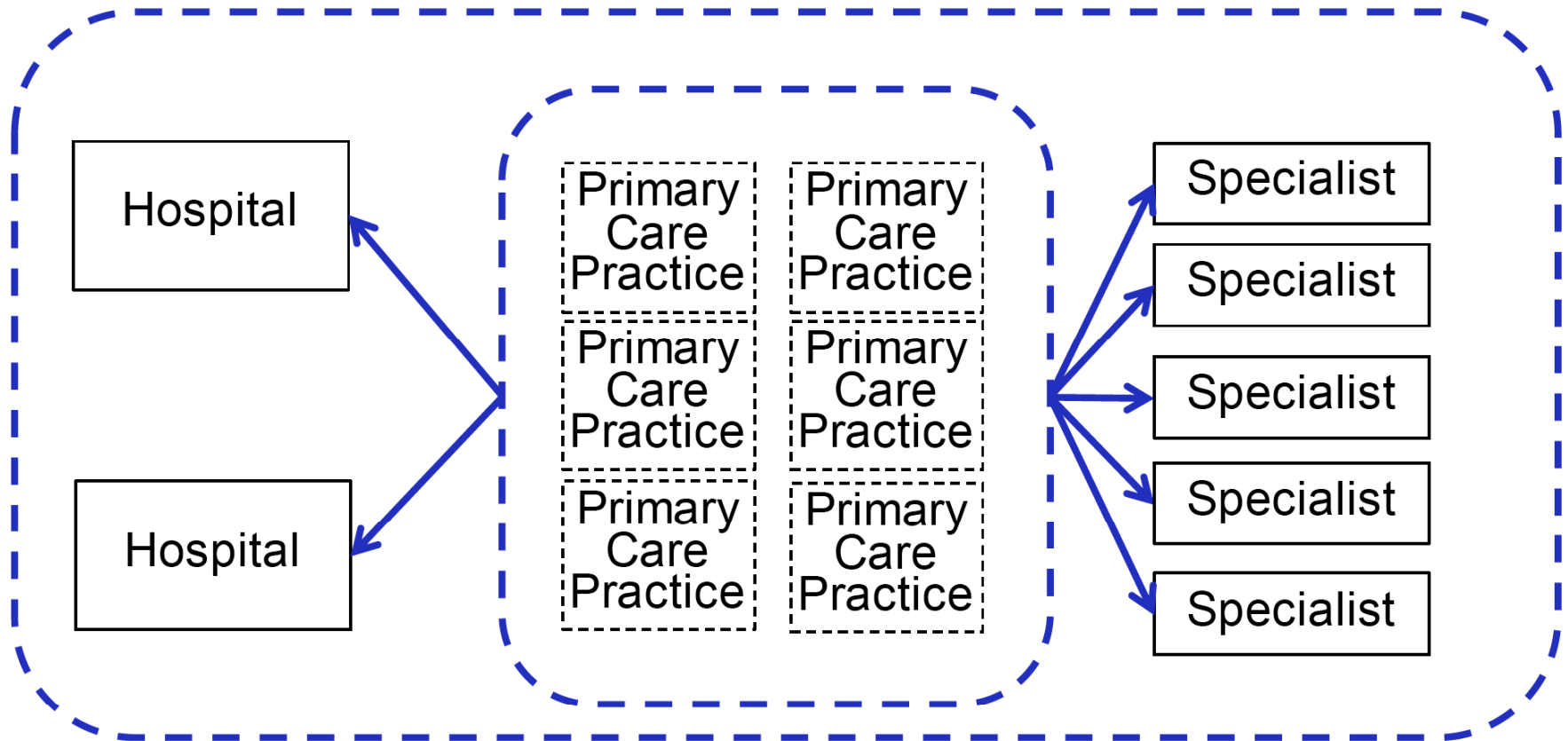
Camden Health Information Exchange

- Phase 1- Ability to view labs, radiology, discharge summaries for Cooper, Lourdes, Virtua, Quest, and Labcorp
- Phase 2- Ability to utilize lab data to build citywide registries and real-time alerts
- 1st phase funded by hospitals and Merck grant
- Ready Winter/Spring 2010, CIO's are meeting regularly

Definition of an ACO

- An integrated care delivery organization, in a defined geographic region, involving multiple primary care offices and least one hospital. Relationship to specialty care.
- The ACO needs to be capable of managing costs/utilization and improving quality.
- An attempt to mimic Kaiser, Geisinger, and the Mayo clinic.

Accountable Care Requires Coordinated *Relationships*, Not Necessarily Corporate Integration



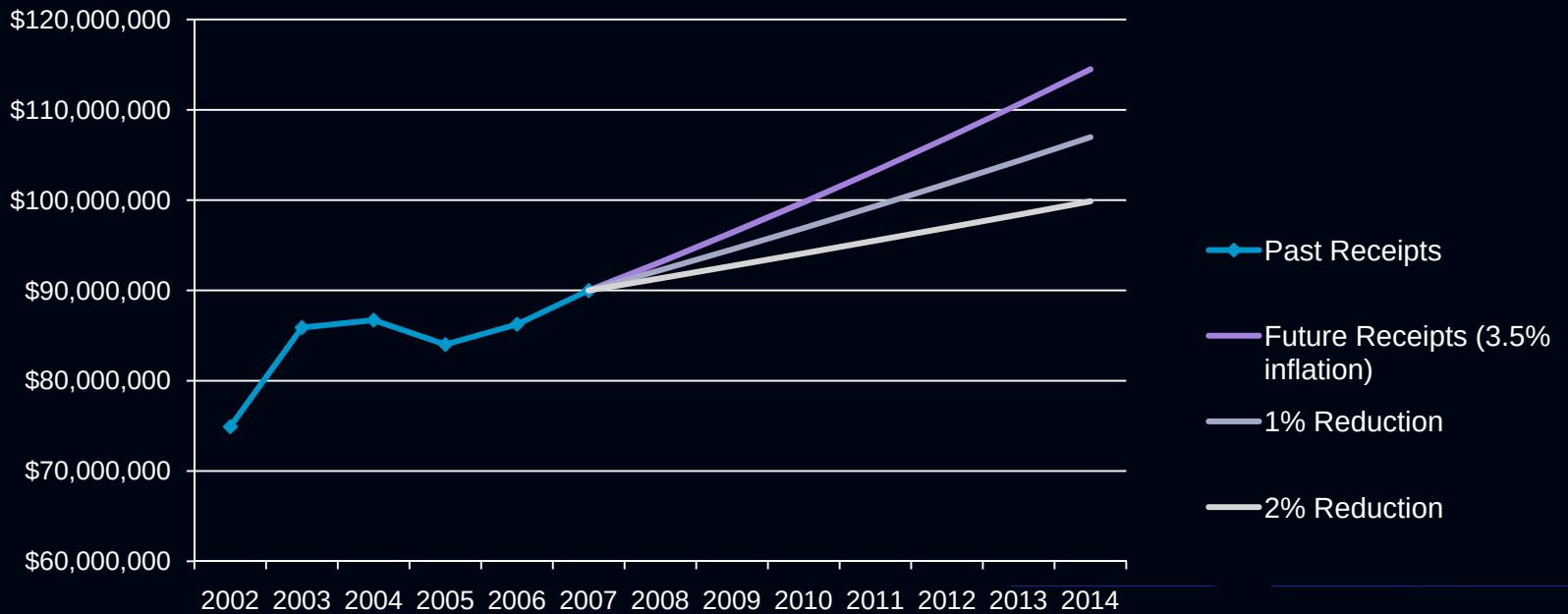
Payment reform

- Gainsharing
- Capitation payments
- Episode of care payments

Capacities of an ACO

- Ability to link and analyze claims data
- Ability to provide care management to high cost/high needs patients
- Collaboration with medical and social service providers
- Relationships with primary care providers with capacity building
- Ability to manage hospitalization/specialty care

ACO Funding Model



	1% Reduction	2% Reduction
2008	\$899,881	\$1,799,763
2009	\$1,853,756	\$3,689,514
2010	\$2,864,075	\$5,672,808
2011	\$3,933,392	\$7,753,329
2012	\$5,064,361	\$9,934,899
2013	\$6,259,747	\$12,221,476
2014	\$7,522,425	\$14,617,166

Benefits of ACO

- Stable platform for rapid adoption of innovations
- Encourages stakeholder engagement and collaboration
- No free riders amongst payers
- No new contracts/negotiations necessary with payers
- Revenue neutral
- Could leverage significant foundation and private capital investments